



Name:

Date:

Help us to help you measure the impact Chronic Obstructive Pulmonary Disease (COPD) is having on your wellbeing and daily life. Select a choice to measure how best you're feeling today. Your total will give you an indication, in percentage terms, of your overall wellbeing.

*How are you?*



*Today I'm feeling*

I'm tired!



I feel energetic

I'm coughing up phlegm (mucus)



I have no phlegm and my chest is clear

I don't want to go out because of my condition



I still go out regardless of my conditions

I get out of breath walking up hills or stairs



I'm okay walking up hills or stairs

I can't do much at home



I can still do things at home

I have a tight chest



My chest feels fine

I'm not sleeping well because of my COPD



I sleep well

I'm coughing all the time



I'm not coughing